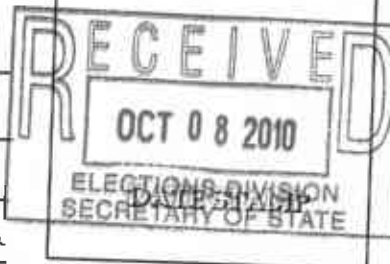


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Kelly Minis
 Address P.O. Box 1037 Tupelo, MS 38802
 Telephone 769-610-3188 Fax _____
 Treasurer Don O. Gleason Email James@Bluedotgsoup.com



☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)..... Mandatory
 ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)..... Mandatory
 ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)..... Mandatory
 ✓ ____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)..... Mandatory
 ____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)..... Mandatory
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates
 ____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)..... Mandatory
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 15,650 + \$ 800	\$ 16,450	\$ 35,475
Total amount of disbursements	\$ 14,907 + \$ 476 ^{3a}	\$ 15,383 ^{3a}	\$ 32,804 ⁹⁵
Total amount of cash on hand		\$ 1,066 ⁶⁵	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Cmte to Elect Kelly Miss

Page

1

of

2

Reporting period

July 1

through

Sept 30

ITEMIZED DISBURSEMENTS

A. Full name Blue Dot Group		Date (Mo., Day, Year) 7/27/10	Amount of each disbursement this period \$ 3000
Mailing Address			
City, State, Zip Code Jackson, MS		7/27/10	\$
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$ 15,860 ⁴²
B. Full name NGP		Date (Mo., Day, Year) 7/21/10	Amount of each disbursement this period \$ 450
Mailing Address			
City, State, Zip Code		7/21/10	\$
Purpose of Disbursement (Optional) Online Fundraising / Database		Aggregate Year-to-date	\$ 450
C. Full name Ben Logan		Date (Mo., Day, Year) 7/14/10	Amount of each disbursement this period \$ 500
Mailing Address			
City, State, Zip Code Tuscaloosa, MS		7/14/10	\$
Purpose of Disbursement (Optional) Rent		Aggregate Year-to-date	\$ 2000
D. Full name NGP		Date (Mo., Day, Year) 8/13/10	Amount of each disbursement this period \$ 450
Mailing Address			
City, State, Zip Code		8/13/10	\$
Purpose of Disbursement (Optional) Online Fundraising Database		Aggregate Year-to-date	\$ 900
E. Full name Ron the Signs Man		Date (Mo., Day, Year) 5/19/10	Amount of each disbursement this period \$ 4,860
Mailing Address			
City, State, Zip Code		5/19/10	\$
Purpose of Disbursement (Optional) Signs		Aggregate Year-to-date	\$ 4860
F. Full name Blue Dot Group		Date (Mo., Day, Year) 5/19/10	Amount of each disbursement this period \$ 1500
Mailing Address			
City, State, Zip Code		5/19/10	\$
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$ 17,360 ⁴²

Name of Candidate or Committee

Committee to Elect Kelly Min

Reporting period

July 1

through

Sept 30

ITEMIZED DISBURSEMENTS

A. Full name <u>Ben Logan</u>		Date (Mo., Day, Year) <u>8/16/10</u>	Amount of each disbursement this period \$ <u>500</u>
Mailing Address			\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Rent</u>		Aggregate Year-to-date	\$ <u>2500</u>
B. Full name <u>Blue Dot Corp</u>		Date (Mo., Day, Year) <u>8/25/10</u>	Amount of each disbursement this period \$ <u>800</u>
Mailing Address			\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>		Aggregate Year-to-date	\$ <u>18,166</u> ⁹²
C. Full name <u>NGPV</u>		Date (Mo., Day, Year) <u>9/12/10</u>	Amount of each disbursement this period \$ <u>450</u>
Mailing Address			\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Online Fundraising Database</u>		Aggregate Year-to-date	\$ <u>1350</u>
D. Full name <u>WTVB</u>		Date (Mo., Day, Year) <u>9/10/10</u>	Amount of each disbursement this period \$ <u>2,397</u>
Mailing Address			\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Advertising (TV)</u>		Aggregate Year-to-date	\$ <u>2397</u>
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee Committee to Elect Kelly Mims
 Reporting period July 1 through Sept 30

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J. Mark Shelton</u>		<u>7/22/10</u>	\$ <u>200</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) <u>Self</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>200</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Steve Holland</u>		<u>7/9/10</u>	\$ <u>200</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) <u>Self</u>		<u> / / </u>	\$
Occupation (Required) <u>Undertaker</u>		Aggregate year-to-date	\$ <u>200</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shelton Soc. Security & Disability Claims Center</u>		<u>7/23/10</u>	\$ <u>1000</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>McFarling Farms Partnership</u>		<u>7/23/10</u>	\$ <u>200</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200</u>

Name of Candidate or Committee Cute to Elect Kelly MimsReporting period July 1 through Sept 30

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carroll Ingram</u>		<u>7/28/10</u>	\$ <u>250</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) <u>Ingram - Wilkinson</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Brawlett</u>		<u>7/29/10</u>	\$ <u>200</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) <u>NA</u>		<u> / / </u>	\$
Occupation (Required) <u>Retired Military</u>		Aggregate year-to-date	\$ <u>200</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Philip W. Thomas</u>		<u>8/3/10</u>	\$ <u>200</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) <u>Self</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>200</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Joseph Johnsey</u>		<u>8/5/10</u>	\$ <u>500</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) <u>Imaging Assoc. of N. Mississippi South</u>		<u> / / </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Kelly Mims
 Reporting period July 1 through Sept 30

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Jason Lee Shelton</u>	<u>8/11/10</u>	\$ <u>1000</u>
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)	<u>Shelton & Assoc. PA</u>	<u> / / </u>	\$
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>1750</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>William Wheeler</u>	<u>9/27/10</u>	\$ <u>200</u>
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)	<u>Wheeler & Francis</u>	<u> / / </u>	\$
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>200</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Charles Edwards</u>	<u>9/22/10</u>	\$ <u>500</u>
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)	<u>Law office of Marc Bortwell</u>	<u> / / </u>	\$
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Loan to Self</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Kelly L. Mims</u>	<u>7/13/10</u>	\$ <u>3200</u>
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)	<u>Mims & Logan</u>	<u> / / </u>	\$
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>3200</u>

Name of Candidate or Committee Committee to Elect Kelly Minn
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Loan to Self</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kelly L. Minn</u>		<u>8/6/10</u>	\$ <u>5000</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) <u>Minn & Logan</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>8200</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Loan to Self</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kelly L. Minn</u>		<u>9/15/10</u>	\$ <u>3000</u>
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) <u>Minn & Logan</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>11,200</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> / / </u>	\$
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> / / </u>	\$
Mailing Address _____		<u> / / </u>	\$
City, State, Zip Code _____		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$